

ALPHA KAPPA ALPHA SORORITY, INC.

MU PSI OMEGA CHAPTER

2008 SCHOLARSHIP GUIDELINES

CRITERIA:

Scholarship applicants must be:

- Seniors at a DoDDS High School located in Europe.
- DOD ID cardholders.

APPLICATION PROCEDURES:

Only complete application packets will be considered. **Packets must be complete at the time of submission.**

Completed submissions should include:

1. Application
2. Parental Financial Statement
3. An official transcript
4. Two letters of recommendation – one each from an educator/counselor and a community member
5. 1-2 paged typed essay (double spaced, 12 pt font, Times New Roman font)

Submitted materials become the sole property of Mu Psi Omega Chapter, Alpha Kappa Alpha Sorority, Incorporated and will not be returned.

Only those awarded scholarships will be contacted further.

Completed applications must be postmarked by **29 February 2008** and mailed to:

Lauren Byrd
PSC 2 Box 14369
APO AE 09012

Applications postmarked after the deadline will not be considered.

For questions, contact: lauren9805@yahoo.com

ALPHA KAPPA ALPHA SORORITY, INC.

MU PSI OMEGA CHAPTER

“Educating Today’s Youth is Tomorrow’s Hope”

TO: DoDDS Europe Counselors, Educators and Graduating Seniors
FROM: The Mu Psi Omega Chapter Scholarship Committee
DATE: 14 January 2008
RE: Call for Applications – Alpha Kappa Alpha Sorority, Inc. 2008 Scholarship

The Mu Psi Omega Chapter of Alpha Kappa Alpha Sorority, Inc. is pleased to again offer scholarships to students graduating from Department of Defense Dependent Schools in Europe. Alpha Kappa Alpha Sorority, Inc., a premier organization for women, is committed to keeping students **ON TRACK** through **Organizing, Nurturing, Team building, Respecting, Achieving, building Character and Teaching** life skills.

Scholarships will be awarded based on academic performance, demonstrated leadership abilities, school and community service, and financial need.

You will find enclosed one copy of the application packet. Please feel free to copy it as necessary.

Complete application packets should be mailed to:

Lauren Byrd
PSC 2 Box 14369
APO AE 09012

Applications must be **Postmarked by 29 February 2008** .

For more information, contact Lauren Byrd at: lauren9805@yahoo.com

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2008 Scholarship Application

(To be completed by applicant)

Name (Last, First, Middle):

Mailing Address:

Telephone Number:

Email address:

High School:

List answers to the following questions on a separate sheet of paper:

What college or university do you plan to attend?

What will your major be?

In what extra-curricular activities have you been involved since beginning high school?

What leadership positions have you held?

In what community service activities are you involved?

If you have a part-time job, what is it? How many hours do you work per week?

Have you received any special awards or honors? What are they?

Type a double spaced, 1-2 page essay answering ONE of the following questions:

What is your career goal? Explain its importance in today's society.

Who has been your biggest influence and why?

Should the United States of America continue to use military forces in peacekeeping efforts around the world? Explain your position.

Your signature below verifies that the information contained within this scholarship application packet is, to the best of your knowledge, correct and true.

Signature

Date

BEFORE you submit your application, make sure you include the following materials:

1. Parental Financial Statement.
2. An official transcript.
3. Two letters of recommendation – one each from an educator/counselor and a community member.

ALPHA KAPPA ALPHA SORORITY, INC.

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2008 Parent Financial Statement

(To be completed by parent or guardian)

Name of Sponsor: _____

Relationship to Applicant: _____

Occupation: _____

Place of Employment: _____

Combined annual salary/wages of parents/guardians (check one below):

\$10,000 – 30,000 _____

\$30,001 – 50,000 _____

\$50,001 – 70,000 _____

\$70,001 – 90,000 _____

Above \$90,000 _____

Are there any unusual family expenses? Explain (use an additional sheet if necessary).

List all persons dependent of family income (use an additional sheet if necessary):

Name	Age	Relationship	School
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Your signature below verifies that the information contained within this scholarship application packet is, to the best of your knowledge, correct and true.

Signature of parent/guardian Date